



Core Competencies for the Advanced Practice Provider Entering Urogynecology – An APP Training Guide

This APP Training Guide has been developed to assist practices with hiring and training advanced practice providers (APP) for Urogynecology-focused offices. For the purposes of this document APP is defined as advanced practice providers such as nurse practitioners (NPs), nurse midwives (CNM), and clinical nurse specialists (CNS), as well as physician assistants (PAs).

The majority of APPs who are hired to practice in the field of Urogynecology do not have specific urogynecology experience and require on the job training. Currently a comprehensive training guide does not exist to support the training of APPs. This document was developed to provide a comprehensive approach to training APPs. It is not intended to be used for the purposes of certification.

Training should include observation, reading recommended sources, viewing videos and webinars and demonstration of specific skills in the presence of an experienced colleague (MD or NP/PA). This document provides two resources:

- Training Guide Checklist – This provides an outline of the core competencies for the Urogynecology-focused APP. A resource section is provided for each skill set area.
- Training Guide Evaluation Form – This form utilizes the content from the training guide and creates an evaluation form for the office. The form provides a systematic approach to a competence-based assessment of the individual’s skills. This is a tool that can be used to identify areas for continued professional development.

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GENERAL PROCEDURES	Competence Demonstrated (date/ initial)
Perform general patient assessment, including history and physical examination, document appropriately in the patient medical record	
Order, perform, and interpret point-of-care tests, diagnostic, laboratory tests and radiological studies	
Prescribe medications and other therapies	
Consult with or refer to physician and non-physician health care professionals	
Provide written or verbal orders per established collaborative practice agreement, procedures or per communication with the collaborating physician	
Admit and discharge patients in collaboration with the collaborating physician	
Direct provision of comprehensive, non-surgical management of common gynecologic conditions (e.g. age-appropriate periodic screening for gyn-related cancer, abnormal uterine bleeding, pelvic inflammatory disease, menstrual abnormalities, menopausal symptoms, sexual dysfunction, sexually transmitted infections, vulvovaginitis, vulvar dermatoses)	
SPECIAL PROCEDURES [e.g. Procedures that may not be part of prior training and/or are specific to urogynecology or practice]	Competence Demonstrated (date/ initial)
<p>Advanced Urogynecologic Pelvic Examination: (genitourinary history, pelvic examination to include assessment of pelvic muscle integrity and function to include prolapse (POP-Q, pain), testing for myofascial pelvic pain neurologic examination; post-void residual; and uroflow assessment).</p> <ul style="list-style-type: none"> Fitzgerald CM, Fok C, Kenton K, Lukacz E, Markland AD, Meister M, Newman DK, Rudser K, Smith EG, Wyman JF, Lowder JL; Prevention of Lower Urinary Tract Symptoms (PLUS) Research Consortium. (2023) The RISE FOR HEALTH study: Methods for in-person musculoskeletal assessment. <i>Neurourol Urodyn.</i> Jun;42(5):1022-1035. doi: 10.1002/nau.25086. Harm-Ernandes I, Boyle V, Hartmann D, Fitzgerald CM, Lowder JL, Kotarinos R, Whitcomb E. Assessment of the Pelvic Floor and Associated Musculoskeletal System: Guide for Medical Practitioners. <i>Female Pelvic Med Reconstr Surg.</i> 2021 Dec 1;27(12):711-718. Madhu C, Swift S, Moloney-Geany S, Drake MJ. How to use the Pelvic Organ Prolapse Quantification (POP-Q) system? <i>Neurourol Urodyn.</i> 2018 Aug;37(S6):S39-S43. doi: 10.1002/nau.23740. Meister MR, Sutcliffe S, Ghetti C, Chu CM, Spitznagle T, Warren DK, Lowder JL. Development of a standardized, reproducible screening examination for assessment of pelvic floor myofascial pain. <i>Am J Obstet Gynecol.</i> 2019 Mar;220(3):255.e1-255.e9. doi: 10.1016/j.ajog.2018.11.1106. Newman, DK, Lowder, JL, Meister, M, Low, LK, Fitzgerald, CM, Fok, CS, Geynisman-Tan, J., Lukacz, ES., Markland, A., Putnam, S., Rudser, K., Smith, AL, Miller, JM, the Prevention of Lower Urinary Tract Symptoms (PLUS) 	

<ul style="list-style-type: none"> • Consortium. (2023) Comprehensive pelvic muscle assessment: Developing and testing a dual e-Learning and simulation-based training program. <i>Neurourol Urodyn.</i> June; 42(5): 1036–1054. doi:10.1002/nau.25125. (Supplemental training video). • Urinary Incontinence in Women NICE Guideline, December 2021, https://www.nice.org.uk/guidance/qs77/resources/urinary-incontinence-in-women-pdf-2098853147077 • Evaluation of Pelvic floor disorders: History, Physical Examination and Diagnostic Testing. (2022) In MD Barber, MD Walters, MM Karam & C Bradley (Eds) Walters & Karam Urogynecology and Reconstructive Surgery. 5th edition. (pp. 117-129). Philadelphia, PA: Elsevier. • Basic evaluation of the incontinent patient. In A Azadi , JL Cornella, PL Dwyer, LL Felicia. (2022) <i>Ostergard’s Textbook of Urogynecology: Female Pelvic Medicine & Reconstructive Surgery.</i> 7th edition. Philadelphia, PA: Wolters Kluwer. 	
<p>Catheterization including insertion and removal. Management of indwelling (transurethral) catheters</p> <ul style="list-style-type: none"> • Up to Date®: Placement and management of urinary bladder catheters; Transurethral catheter placement: Catheter care • ANA Cauti Prevention Tool • SUNA White Paper • Kulkarni A, McDermott CD. What Do Nurses Prefer? A Cross-sectional Study of Catheter Preference After Pelvic Organ Prolapse Surgery. <i>J Wound Ostomy Continence Nurs.</i> 2021 Jul-Aug 01;48(4):319-324. • Newman DK. (2021) Chair, SUNA Clinical Practice Procedures Task Force, Urinary Catheterization of the Adult Female, Clinical Practice Procedure. <i>Urologic Nursing.</i> March-April 41(2): 65-69. • Newman, D.K. (2021) Chair, SUNA Clinical Practice Procedures Task Force, Insertion of an Indwelling Urinary Catheter in the Adult Female, Clinical Practice Procedure. <i>Urologic Nursing.</i> March-April 41(2): 76-85, 109. • Newman DK, Cumbee RP, Rovner ES. (2018). Indwelling (transurethral and suprapubic) catheters. In: Newman DK, Rovner ES, Wein AJ, editors. <i>Clinical Application of Urologic Catheters, Devices, and Products.</i> Switzerland: Springer International Publishing; 1-45. • Newman DK. (2017). Devices, products, catheters, and catheter-associated urinary tract infections. In: Newman DK, Wyman JF, Welch VW, editors. <i>Core Curriculum for Urologic Nursing.</i> 1st ed. Pitman (NJ): Society of Urologic Nurses and Associates, Inc; 439-66. • Reid S, Brocksom J, Hamid R, Ali A, Thiruchelvam N, Sahai A, Harding C, Biers S, Belal M, Barrett R, Taylor J, Parkinson R. British Association of Urological Surgeons (BAUS) and Nurses (BAUN) consensus document: management of the complications of long-term indwelling catheters. <i>BJU Int.</i> 2021 Dec;128(6):667-677. doi: 10.1111/bju.15406. 	<p>Competence Demonstrated (date/ initial)</p>

<ul style="list-style-type: none"> Urologic Catheters. https://www.urotoday.com/center-of-excellence/cauti.html 	
<p>Teaching Intermittent self-catheterization (ISC)</p> <ul style="list-style-type: none"> Goetz LL, Droste L, Klausner AP, Newman DK. (2018). Catheters used for intermittent catheterization. In: Newman DK, Rovner ES, Wein AJ, editors. Clinical Application of Urologic Catheters, Devices, and Products. Switzerland: Springer International Publishing; 47-77. Newman, D.K. (2021). Intermittent self-catheterization patient education checklist. Urologic Nursing, March-April, 41(2); 97-109. Newman, D.K. (2021). Methods and types of urinary catheters used for indwelling or intermittent catheterization. Urologic Nursing, March-April, 41(2); 111-117. Urologic Catheters. https://www.urotoday.com/center-of-excellence/cauti.html 	<p>Competence Demonstrated (date/ initial)</p>
<p>Suprapubic Catheter Insertion, Removal and Management</p> <ul style="list-style-type: none"> Dawson BC. How to change a suprapubic catheter effectively. Nurs Stand. 2021 Sep 1;36(9):63-66. doi: 10.7748/ns.2021.e11766. Jane Hall S, Harrison S, Harding C, Reid S, Parkinson R. British Association of Urological Surgeons suprapubic catheter practice guidelines - revised. BJU Int. 2020 Oct;126(4):416-422. doi: 10.1111/bju.15123. Up to Date®: Placement and management of urinary bladder catheters: Suprapubic catheter placement: Catheter care. Management of patients after suprapubic catheter insertion (White Paper)-2023, Quallich, S.A., Thompson, T., Jameson, J., Wall, K., Lajiness, M.J., Powley, G., Lutz, A.R., Hemphill, J.; SUNA Suprapubic Catheter Task Force. (2023). Management of patients after suprapubic catheter insertion [white paper]. Urologic Nursing, 43(2), 61-73, 102. https://doi.org/10.7257/2168-4626.2023.43.2.61. Suprapubic catheters. https://www.urotoday.com/center-of-excellence/suprapubic-catheter.html https://www.youtube.com/watch?v=MOv19GaXH7g - Suprapubic Tube and/or Catheter Change, Published May 6, 2014. Patient Education Video on Care of SP Catheter - Care of Suprapubic Catheter, PostCare Discharge Patient Education Medical Video; PostCare™ Discharge Series. Published on Nov 9, 2013. 	<p>Competence Demonstrated (date/ initial)</p>
<p>Bladder Instillations</p> <ul style="list-style-type: none"> Bladder instillations for IC/BPS: https://www.ichelp.org/understanding-ic/medical-treatments/bladder-instillations/ Digesu GA, Tailor V, Bhide AA, Khullar V. The role of bladder instillation in the treatment of bladder pain syndrome: Is intravesical treatment an effective option for patients with bladder pain as well as LUTS? Int Urogynecol J. 2020 Jul;31(7):1387-1392. doi: 10.1007/s00192-020-04303-7. 	<p>Competence Demonstrated (date/ initial)</p>

<p>Biopsy of Skin Lesion (e.g. Punch/excisional)</p> <ul style="list-style-type: none"> • Diagnosis and management of vulvar skin disorders. Practice Bulletin No. 224 https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2020/07/diagnosis-and-management-of-vulvar-skin-disorders • Mayeaux, E.J. & Cooper, D. (2013). Vulvar Procedures. Obstetrics & Gynecology Clinics of North America, 40, 759–772. Contents: how to biopsy illustrated with photos. 2014 UK National Guideline on the Management of Vulvar Conditions When to biopsy, management strategies • Vulvovaginal Expertise for Complete Women’s Health Care Website: http://vulvovaginaldisorders.com/ (free, sign-in required) 	<p>Competence Demonstrated (date/ initial)</p>
<p>Use of a Bladder Diary</p> <ul style="list-style-type: none"> • Sampsel CM: Teaching women to use a voiding diary. Am J Nurs 2003;103(11):62-64. • Perrouin-Verbe MA, Drake MJ, Thomas L. The Eur Urol Focus. 2022 Jan;8(1):11-17. doi: 10.1016/j.euf.2022.01.002. • Instructions for completing a 3-day diary, SUFU, https://sufuorg.com/docs/guidelines/sufu-voiding-diary-faq.aspx 	<p>Competence Demonstrated (date/ initial)</p>
<p>Simple Cystometrogram</p> <ul style="list-style-type: none"> • Flexible Cystoscopy Guidelines and Assessment, Flexible Cystoscopy Guidelines & Assessment The British Association of Urological Surgeons Limited (baus.org.uk) • Up to Date®: Urodynamic Evaluation of Women with Incontinence Summary and Recommendations; Cystometry; Postvoid Residual Volume; Electrophysiologic Testing; Leak Point Pressure. 	<p>Competence Demonstrated (date/ initial)</p>
<p>Urodynamic Studies (uroflow, complex cystometrogram, pressure flow studies, EMG)</p> <ul style="list-style-type: none"> • Up to Date®: Urodynamic Evaluation of Women with Incontinence Summary and Recommendations; Cystometry; Postvoid Residual Volume; Electrophysiologic Testing; Leak Point Pressure • SUNA — Urodynamic Testing Handbook (for purchase) • SUNA Practice Tips Series. Urodynamics Practice Tips, Urologic Nursing, July-August 2022, 42(4);198-202. • AUGS Webinar – Urodynamics for Incontinence. Nager C. June 2012. 	<p>Competence Demonstrated (date/ initial)</p>
<p>Pessary Fitting, Cleaning and Management</p> <ul style="list-style-type: none"> • American Urogynecologic Society (AUGS), & Society of Urologic Nurses and Associates (SUNA). (2022) AUGSSUNA joint clinical consensus statement: Vaginal pessary use and management for pelvic organ prolapse. Urologic Nursing, 42(6), 277-290. https://doi.org/10.7257/2168-4626.2022.42.6.27 	<p>Competence Demonstrated (date/ initial)</p>

<ul style="list-style-type: none"> • Atnip, S, O'Dell K. Vaginal Support Pessaries: Indications for Use and Fitting Strategies. Urologic Nursing (2012). 32(3):114-124 • Harvey MA, Lemieux MC, Robert M, Schulz JA Guideline No. 411: Vaginal Pessary Use. J Obstet Gynaecol Can. 2021 Feb;43(2):255-266.e1. doi: 10.1016/j.jogc.2020.11.013. • O'Dell K, Atnip S., Pessary care: follow up and management of complications. Urol Nurs. 2012 May-Jun;32(3):126-36 • Newman DK. & Richter HE. (2021). Stress urinary incontinence and pelvic organ prolapse: Nonsurgical management. In M.D. Barber, C.S. Bradley, M.M. Karram, M.D. Walters (Eds.). Walters and Karram Urogynecology and Reconstructive Pelvic Surgery, (5th ed. pp. 226-242). Philadelphia: Elsevier. • Dr. Teresa Tam demonstrates proper insertion and removal technique and illustrates correct measurement of pessary size. Published Nov 22, 2013. 	
<p>Chemical Cauterization of Granulation Tissue and Medical Management and Follow-up (An understanding of chemical cauterization is important for APP who do pessary care and post-op (both acute and long-term) care after vaginal surgery. The resources listed below do not discuss cauterization of vaginal tissue. https://www.woundsource.com/blog/silver-nitrate-and-wound-care-use-chemical-cauterization)</p>	<p>Competence Demonstrated (date/ initial)</p>
<p>Endometrial Biopsy</p> <ul style="list-style-type: none"> • Endometrial Biopsy: American College of Nurse-Midwives. Midwifery Womens Health. 2017 Jul;62(4):502-506. doi: 10.1111/jmwh.12652. • Vitale SG, Buzzaccarini G, Riemma G, Pacheco LA, Di Spiezio Sardo A, Carugno J, Chiantera V, Török P, Noventa M, Haimovich S, De Franciscis P, Perez-Medina T, Angioni S, Laganà AS Endometrial biopsy: Indications, techniques and recommendations. An evidence-based guideline for clinical practice. J Gynecol Obstet Hum Reprod. 2023 Jun;52(6):102588. doi: 10.1016/j.jogoh.2023.102588. • Up to Date® - Endometrial Sampling Procedures; Indications and Contraindications General Procedure Summary and Recommendations; Indications Endometrial Evaluation (Tables); Pipelle and Vabra Instruments (photos). 	<p>Competence Demonstrated (date/ initial)</p>
<p>Neuromodulation</p> <ul style="list-style-type: none"> • Chen LC, Kuo HC. Current management of refractory overactive bladder. Low Urin Tract Symptoms. 2020 May;12(2):109-116. doi: 10.1111/luts.12304. • Vollstedt, A. & Gilleran, J. Update on Implantable PTNS Devices. Curr Urol Rep. 2020 May 28;21(7):28. doi: 10.1007/s11934-020-00980-5 <ol style="list-style-type: none"> 1. Interpretation and Programming of Implanted Sacral Neuromodulators <ol style="list-style-type: none"> a. Medtronic InterStim systems video for health care professionals: Sacral Neuromodulation Medtronic b. Axonics SNM therapy video for health care professionals: Sacral Neuromodulation Therapy & Treatment Details Axonics® 	<p>Competence Demonstrated (date/ initial)</p>

<ul style="list-style-type: none"> c. Videos available via the AUGS education portal: <ul style="list-style-type: none"> i. Optimizing Surgical Techniques for Sacral Neuromodulation ii. Peripheral Nerve Evaluation for Sacral Neuromodulation iii. OAB with Emphasis on Neuromodulation d. Noblett K, Crowder C. Neuromodulation. <i>Obstet Gynecol Clin North Am.</i> 2021 Sep;48(3):677-688. doi: 10.1016/j.ogc.2021.05.018 e. Pezzella A, McCrery R, Lane F, et al. Two-year outcomes of the ARTISAN-SNM study for the treatment of urinary urgency incontinence using the Axonics rechargeable sacral neuromodulation system [published online ahead of print, 2021 Jan 28]. <i>Neurourol Urodyn.</i> 2021;10.1002/nau.24615. doi:10.1002/nau.24615 <p>2. Percutaneous Tibial Nerve Stimulation (External)</p> <ul style="list-style-type: none"> a. Bhide AA, Tailor V, Fernando R, Khullar V, Digesu GA. Posterior tibial nerve stimulation for overactive bladder-techniques and efficacy. <i>Int Urogynecol J.</i> 2020 May;31(5):865-870. doi: 10.1007/s00192-019-04186-3 b. Continence Matters, https://continencematters.com/for-doctors/procedural-videos/ptns-pecutaneous-tibial-nerve-stimulation/ c. Urgent PC Procedure: https://www.youtube.com/watch?v=5wnIe5IrPH4 - Urgent PC Treatment Session, Published on Nov 21, 2012 d. Cleveland Clinic Foundation, Urgent PC, https://www.youtube.com/watch?v=MLDzN9iTaFA – Percutaneous Tibial Nerve Stimulation; Published June 5, 2011 e. Urgent PC, Laborie, Discover Urgent PC Therapy for Overactive Bladder Laborie f. Nuro System, Medtronic 	
<p>Anorectal Manometry</p> <ul style="list-style-type: none"> • Up to Date® - Motility Testing: When Does it Help?; Anorectal Manometry Summary and Recommendations; Pelvic Floor Dyssynergia (Figures); Causes of Fecal Incontinence (Tables). • Assmann SL, Keszthelyi D, Kleijnen J, et al. Guideline for the diagnosis and treatment of Faecal Incontinence-A UEG/ESCP/ESNM/ESPCG collaboration. <i>United European Gastroenterol J.</i> 2022 Apr;10(3):251-286. doi: 10.1002/ueg2.12213 	<p>Competence Demonstrated (date/ initial)</p>
<p>Pelvic Floor Electrical Stimulation (intracavity vaginal or anal)</p> <ul style="list-style-type: none"> • Alouini S, Memic S, Couillandre A. Pelvic Floor Muscle Training for Urinary Incontinence with or without Biofeedback or Electrostimulation in Women: A Systematic Review. <i>Int J Environ Res Public Health.</i> 2022 Feb 27;19(5):2789. doi: 10.3390/ijerph19052789. • Ignácio Antônio F, Bø K, Pena CC, et al: Intravaginal electrical stimulation increases voluntarily pelvic floor muscle contractions in women who are unable to voluntarily contract their pelvic floor muscles: a randomized trial. <i>J Physiother.</i> 2022 Jan;68(1):37-42. 	<p>Competence Demonstrated (date/ initial)</p>

<ul style="list-style-type: none"> • Leonardo K, Seno DH, Mirza H, et al: Biofeedback-assisted pelvic floor muscle training and pelvic electrical stimulation in women with overactive bladder: A systematic review and meta-analysis of randomized controlled trials. <i>Neurourol Urodyn.</i> 2022 Aug;41(6):1258-1269. [Erratum in: <i>Neurourol Urodyn.</i> 2023 Apr;42(4):889.] • Starr, J. et al. (2013). Outcomes of a Comprehensive Nonsurgical Approach to Pelvic Floor Rehabilitation for Urinary Symptoms, Defecatory Dysfunction, and Pelvic Pain. <i>Female Pelvic Medicine & Reconstructive Surgery.</i> 95;5: 260-65. • Stewart F, Berghmans B, Bo K, et al: Electrical stimulation with non-implantable devices for stress urinary incontinence in woman. <i>Cochrane Database Syst Rev</i> 12:CD012390, 2017. <p>Pelvic Floor Electrical Stimulation Home Devices:</p> <ul style="list-style-type: none"> • Elitone -- The Science behind how Elitone works on Pelvic Floor Muscles • INNOVO -- How does INNOVO end Bladder Leaks? Treat Incontinence INNOVO US – myinnovo. 	
<p>Behavioral/Conservative/Non-surgical treatment</p> <ul style="list-style-type: none"> • Booth J, Bliss D. Consensus statement on bladder training and bowel training. <i>Neurourology and Urodynamics.</i>2020;39:12341254. • Funada S, Yoshioka T, Luo Y, Sato A, Akamatsu S, Watanabe N. Bladder training for treating overactive bladder in adults. <i>Cochrane Database Syst Rev.</i> 2023 Oct 9;10(10):CD013571. doi: 10.1002/14651858.CD013571.pub2. • Newman DK. & Richter HE. (2021). Stress urinary incontinence and pelvic organ prolapse: Nonsurgical management. In M.D. Barber, C.S. Bradley, M.M. Karram, M.D. Walters (Eds.). <i>Walters and Karram Urogynecology and Reconstructive Pelvic Surgery</i>, (5th ed. pp. 226-242). Philadelphia: Elsevier. • Newman DK. & Burgio KL. (2020). Conservative management of urinary incontinence: Behavioral and pelvic floor therapy and urethral and pelvic devices. In A.W. Partin, R. R. Dmochowski, L.R Kavoussi, CA. Peters (Eds.). <i>Campbell-Walsh-Wein Urology</i>, (12th ed. pp. 2722-2738). Philadelphia: Elsevier. • Newman DK, Sung VW, Borello-France D. (2018) Structured behavioral treatment research protocol for women with mixed urinary incontinence and overactive bladder symptoms. <i>Neurourol Urodyn</i>, Jan 37(1);14-20. doi: 10.1002/nau.23244. PMID:28464426. • Pelvic Health Center of excellence, https://www.urotoday.com/center-of-excellence/pelvic-health-coe.html 	<p>Competence Demonstrated (date/ initial)</p>
<p>Pelvic Floor Muscle Training/Rehabilitation including Biofeedback</p> <ul style="list-style-type: none"> • http://www.bcia.org (biofeedback certification available through this organization) • Herderschee, R., Hay-Smith, E.J., Herbison, G.P., Roovers, J.P., & Heineman, M.J. (2011). Feedback or Biofeedback to Augment Pelvic Floor Muscle Training for 	<p>Competence Demonstrated (date/ initial)</p>

<p>Urinary Incontinence in Women. Cochrane Database Systematic Reviews, 7, CD009252. doi:10.1002/14651858.CD009252.</p> <ul style="list-style-type: none"> • Heymen, S., Scarlett, Y., Jones, K., Ringel, Y., Drossman, D., & Whitehead, W.E. (2009). Randomized Controlled Trial Shows Biofeedback to be Superior to Pelvic Floor Exercises for Fecal Incontinence. <i>Diseases of the Colon Rectum</i>, 52, 1730-1737. • “Getting the “Knack” of Controlling Urinary Incontinence, Janis Miller, https://yourpaceyoga.com/blog/getting-the-knack-of-controlling-urinary-incontinence/. • Newman, DK. (2014). Pelvic Floor Muscle Rehabilitation using Biofeedback. <i>Urologic Nursing</i> 34(4), 193-202. • Newman DK. & Burgio KL. (2020). Conservative management of urinary incontinence: Behavioral and pelvic floor therapy and urethral and pelvic devices. In A.W. Partin, R. R. Dmochowski, L.R Kavoussi, CA. Peters (Eds.). <i>Campbell-Walsh-Wein Urology</i>, (12th ed. pp. 2722-2738). Philadelphia: Elsevier. • Pelvic Health Center of excellence, https://www.urotoday.com/center-of-excellence/pelvic-health-coe.html <p>Pelvic Floor Muscle Training Home Devices:</p> <ul style="list-style-type: none"> • Ileva Pelvic Health System- https://www.levatherapy.com/women/ • PERIFIT-Pelvic Floor Trainer- https://eu.perifit.co/ • Elvie Trainer, app controlled exerciser (can buy at Walmart) 	
<p>Botox injections</p> <ul style="list-style-type: none"> • López Ramos H, Torres Castellanos L, Ponce Esparza I, Jaramillo A, Rodríguez A, Moreno Bencardino C. Management of Overactive Bladder With OnabotulinumtoxinA: Systematic Review and Meta-analysis. <i>Urology</i>. 2017 Feb;100:53-58. doi: 10.1016/j.urology.2016.10.026 	<p>Competence Demonstrated (date/ initial)</p>
<p>Trigger Point Injection</p> <ul style="list-style-type: none"> • Moldwin RM, Fariello JY Myofascial trigger points of the pelvic floor: associations with urological pain syndromes and treatment strategies including injection therapy. <i>Curr Urol Rep</i>. 2013 Oct;14(5):409-17. doi: 10.1007/s11934-013-0360-7. • Ross V, Detterman C, Hallisey A. Myofascial Pelvic Pain: An Overlooked and Treatable Cause of Chronic Pelvic Pain. <i>J Midwifery Womens Health</i>. 2021 Mar;66(2):148-160. doi: 10.1111/jmwh.13224. • https://www.ncbi.nlm.nih.gov/pubmed/25527482 - A Pilot Randomized Trial of Levator Injections versus Physical Therapy for Treatment of Pelvic Floor Myalgia and Sexual Pain. • Up to Date: Myofascial Pelvic Pain Syndrome in Females: Treatment • Trigger Point Injection: Tips and Tricks; AUGS PFD Week 2016 Presentation; AUGS Website. 	<p>Competence Demonstrated (date/ initial)</p>

<p>Paracervical Block</p> <ul style="list-style-type: none"> • Up to Date® - Pudendal and Paracervical Block; Paracervical Block (gynecologic); Paracervical Block (obstetrical); Summary and Recommendations; Paracervical Block (Figures); Paracervical Block OBS (Figures). • https://www.youtube.com/watch?v=m0EyyHouT00 – A Physician’s Guide to Paracervical Block; Hologic, Published on Nov 4, 2015. 	<p>Competence Demonstrated (date/ initial)</p>
<p>Cystoscopy (Cystoscopy can be done by advanced practice providers after training by a mentor)</p> <ul style="list-style-type: none"> • Flexible Cystoscopy, Training and Assessment Guideline. https://www.baus.org.uk/userfiles/pages/files/Publications/FlexiGuidelines.pdf. • Quallich, S., Lajiness, S., Kovarik, J., Doran, T., Schultz, H., & Langston, J. (2019). Standardized office cystoscopy training for advanced practice providers in urology. Urology Practice, 10-1097. • AUGS Patient Education Sheet: Cystoscopy • Cystoscopy Pathology – An on-demand webinar in the AUGS e-Learning portal. 	<p>Competence Demonstrated (date/ initial)</p>
<p>First Assist in Operating Room</p> <ul style="list-style-type: none"> • AORN Position Statement on Advanced Practice Registered Nurses in the Perioperative Environment. AORN Journal. (2020), Oct 112(4); 388-390. https://aornjournal.onlinelibrary.wiley.com/doi/epdf/10.1002/aorn.13182 • Training programs are available to learn first-assist skills. • Access additional materials via AUGS e-Learning portal. 	<p>Competence Demonstrated (date/ initial)</p>
<p>Pharmacological Management</p> <p>OAB Resources:</p> <ul style="list-style-type: none"> • AUGS Clinical Consensus Statement: Association of Anticholinergic Medication Use and Cognition in Women With Overactive Bladder. Female Pelvic Med Reconstr Surg. 2021 Feb 1;27(2):69-71. doi: 10.1097/SPV.0000000000001008. • Dengler KL, High RA, Moga DC, Zillioux J, Wagg A, DuBeau CE, Ackenbom MF, Alperin M, Dumoulin C, Birder LA, Mazloomdoost D, Lai HH, Sung VW, Gray SL, Sanses TVD. Overactive Bladder and Cognitive Impairment: The American Urogynecologic Society and Pelvic Floor Disorders Research Foundation State-of-the-Science Conference Summary Report. Urogynecology (Phila). 2023 Jan 1;29(1S Suppl 1):S1-S19. doi: 10.1097/SPV.0000000000001272. • Kelleher C, Hakimi Z, Zur R, Siddiqui E, Maman K, Aballéa S, Nazir J, Chapple C. Efficacy and Tolerability of Mirabegron Compared with Antimuscarinic Monotherapy or Combination Therapies for Overactive Bladder: A Systematic Review and Network Meta-analysis. Eur Urol. 2018 Sep;74(3):324-333. doi: 10.1016/j.eururo.2018.03.020. 	<p>Competence Demonstrated (date/ initial)</p>

<ul style="list-style-type: none"> • Kennelly M, Wielage R, Shortino D, Thomas E, Mudd PN Jr Long-term efficacy and safety of vibegron versus mirabegron and anticholinergics for overactive bladder: a systematic review and network meta-analysis. <i>Drugs Context</i>. 2022 Oct 10;11:2022-4-2. doi: 10.7573/dic.2022-4-2. • Kreydin EI, Gomes CM, Cruz F. Current pharmacotherapy of overactive bladder. <i>Int Braz J Urol</i>. 2021 Nov-Dec;47(6):1091-1107. doi: 10.1590/S1677-5538.IBJU.2021.99.12. • Stoniute A, Madhuvrata P, Still M, Barron-Millar E, Nabi G, Omar MI. Oral anticholinergic drugs versus placebo or no treatment for managing overactive bladder syndrome in adult. <i>Cochrane Database Syst Rev</i>. 2023 May 9;5(5):CD003781. doi: 10.1002/14651858.CD003781.pub3. <p>Genitourinary Syndrome of Menopause Resources:</p> <ul style="list-style-type: none"> • Potter N, Panay N. Vaginal lubricants and moisturizers: a review into use, efficacy, and safety. <i>Climacteric</i>. 2021 Feb;24(1):19-24. doi: 10.1080/13697137.2020.1820478. • Ringel NE, Iglesia C. Common Benign Chronic Vulvar Disorders. <i>Am Fam Physician</i>. 2020 Nov 1;102(9):550-557. 	
<p>Wound Management</p> <ul style="list-style-type: none"> • Childs DR, Murthy AS. Overview of Wound Healing and Management. <i>Surg Clin North Am</i>. 2017 Feb;97(1):189-207. doi: 10.1016/j.suc.2016.08.013. • Kaestner L. Management of urological injury at the time of urogynaecology surgery. <i>Best Pract Res Clin Obstet Gynaecol</i>. 2019 Jan;54:2-11. doi: 10.1016/j.bpobgyn.2018.06.007. • Saad J, Painter C. Management of postpartum perineal wound complications. <i>Curr Opin Obstet Gynecol</i>. 2023 Dec 1;35(6):505-509. doi: 10.1097/GCO.0000000000000906. • Up-to-Date: Complications of GYN Surgery • Up-to-Date: Complications of Abdominal Surgical Incisions 	<p>Competence Demonstrated (date/ initial)</p>
<p>Suturing and Suture and Staple Removal</p> <ul style="list-style-type: none"> • https://www.youtube.com/watch?v=-ZWUgKiBxfk 8 Common Suture Techniques for Skin Closure; (Video 34:21, 790MB); J. K. Williams, MPAS, PA-C • https://www.youtube.com/watch?v=TFwFMav_cpE - Suture Skills Course - Learn Best Suture Techniques 	<p>Competence Demonstrated (date/ initial)</p>

<p>Observation of Urogynecologic Surgical/ Instrumented Procedures (To gain in- depth understanding of common Urogynecologic procedures and immediate post- op period, in order to better provide pre- and post-op patient education and management.)</p> <p>Topics:</p> <ul style="list-style-type: none"> • Midurethral sling; Abdominal, laparoscopic, robotic assisted laparoscopic and vaginal repairs or obliterative procedures. • Sacral neuromodulation device implant, Stage 1 & 2. • Intravesical onabotulinumtoxin A injection, urethral bulking procedures, cystoscopy. • Anal sphincteroplasty, fistula repair. • Other procedures as applicable <p>Resources:</p> <ul style="list-style-type: none"> • Wang M & Smith AL. Surgical interventions for urinary incontinence and overactive bladder. In: Newman DK, Wyman JF, Welch VW, editors. Core Curriculum for Urologic Nursing. 1st ed. Pitman (NJ): Society of Urologic Nurses and Associates, Inc; 487-502. 	<p>Competence Demonstrated (date/ initial)</p>
<p>The ins and Outs of RVUs and Incident-to Billing</p> <ul style="list-style-type: none"> • AUGS Coding Resource Center (members only) • AUGS Medical Decision Making and Selection of the Appropriate Evaluation and Management (E/M) CPT Codes • Webinar AUGS Education Portal - This webinar discusses the definition of an RVU and how it is calculated. It also discusses the relationship between RVU's and CPT codes, meaningful use, and how to maximize RVU collection. https://education.augs.org/URL/RVU • Coding for Your Urogynecology Practice: Surgical and Office-based Procedures (On-Demand), https://education.augs.org/URL/codingforurogyn. • 2024 Coding Webinar Series: https://education.augs.org/URL/2024CodBunWeb 	<p>Competence Demonstrated (date/ initial)</p>



AUGS APP Training Guide

Practices may wish to evaluate and document the competences of the APPs in their office. This **Training Guide Evaluation Form** has been developed to provide a systematic approach to a competence-based assessment. The evaluation has been divided into two levels:

- Level One – APP is new to urogynecology (up to 2 years’ experience)
- Level Two – APP has experience working in a gynecologic/urogynecologist practice (2 plus years’ experience) When **Level Two** is completed, APP would be managing interactions independently, accessing consultation at the discretion of the APP, and/or in accordance with individualized practice guidelines and state-specific regulatory statutes. An APP that has achieved Level Two would focus on maintaining Urogynecology-focused Technical Skills by attending related educational meetings/courses.

LEVEL ONE	
(APP is new to urogynecology, and shadowing mentors and/or co-examining and co-managing patients.)	
Competency	Date Achieved/Initials
Describe basic abdominal, pelvic, and pelvic floor anatomy, and distinguish abnormal findings.	
Describe basic normal lower urinary tract and pelvic floor physiology and functional anatomy.	
Describe pathophysiology of stress urinary incontinence (SUI), overactive bladder/urgency urinary incontinence (OAB/UUI), neurogenic lower urinary tract dysfunction, and pelvic organ prolapse (POP).	
Describe risk factors, symptoms, expected physical exam findings for SUI, OAB/UUI, POP.	
Identify resources to inform clinical urogyn questions (texts, online tools and websites).	
Obtain comprehensive urogynecology history from women who report lower urinary tract and pelvic floor symptoms at both new and return visits, including assessment of quality of life and symptom bother.	
Perform advanced pelvic and external genitalia examination including neurologic components, POP-Q examination, perineal skin assessment, pelvic muscle evaluation for integrity, function and pain, and vaginal and/or rectal examination as appropriate.	
Assess for contributing factors to incontinence, including cognition and mobility.	
Perform basic bladder function assessment including uroflow interpretation, post void residual (straight catheter and ultrasound scanner), and appropriate testing for urinary tract infection and hematuria.	
List abnormal findings related to pelvic floor symptoms that would indicate need for urgent referral (e.g. unexplained weight loss, bleeding, acute pain, atypical findings).	
Formulate basic differential diagnoses for pelvic floor conditions.	
Interpret findings and describe basic management options to women with varied levels of education and understanding.	
Formulate an initial management plan for uncomplicated pelvic floor disorders, working with each woman to incorporate her values and preferences, and reviewing options at a basic level (behavioral, physical therapies, devices, surgeries).	



AUGS APP Training Guide

Provide education related to specific lifestyle (dietary, fluid, weight) and behavioral treatments to women with OAB/UUI, SUI, and POP.	
Provide evidenced-based dietary and behavioral treatment counseling regarding constipation and bowel dysfunction.	
Describe basic pharmacologic management for women with OAB/UUI, SUI, and POP.	
Demonstrate ability to use setting's medical record, including problem lists/coding, visit documentation, order entry and result retrieval and follow-up.	
Demonstrate basic understanding of cost-effective care.	
Utilize appropriate terminology to describe pelvic floor function.	

LEVEL TWO (APP is ready to see women without direct oversight but may be reviewing select cases with a mentor.)	
Competency	Date Achieved/Initials
Demonstrate basic knowledge of abnormal lower urinary tract and pelvic floor anatomy and physiology	
Assess bowel dysfunction (stool and symptom history, physical examination, any indicated laboratory testing or imaging, differential diagnosis)	
Demonstrate ability to perform or interpret complex urodynamics, anal manometry, pelvic floor physical therapy and biofeedback	
Demonstrate ability to interpret common laboratory results (urine microscopy, urine and vaginal yeast culture and sensitivity, pathology reports) and imaging results	
Demonstrate application of basic surgical principles, including informed consent, universal precautions, aseptic technique, and handling of tissue biopsies	
Formulate comprehensive patient-centered management plans for women with common comorbidities (e.g. hypertension, diabetes, obesity, mobility-impairment, anxiety/ depression)	
Formulate comprehensive patient-centered, management plans with women with recurring or chronic pelvic floor disorders	
Describe general algorithms for management of higher-risk findings (e.g. asymptomatic microscopic hematuria, gross hematuria, refractory OAB, underactive bladder/incomplete bladder emptying/urinary retention, chronic constipation, pelvic pain syndromes)	
Discuss treatment options, risks and benefits with women and their families, guiding formulation of realistic initial treatment goals and correlated management options	
Analyzes and interprets routine and advanced diagnostic and imaging tests.	
Formulates a differential diagnosis based on a comprehensive genitourinary assessment, knowledge of age and age-related changes, potential roles of polypharmacy and drug adverse effects, and comorbidities affecting lower urinary tract and pelvic floor function.	



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Counsel	
Provide education on behavioral strategies to women with OAB/UUI, SUI, and POP..	
Provide pre- and post-operative counseling	
Describe pharmacologic treatment options for women with pelvic floor disorders complicated by multiple medication use.	
Determine need for consultation, referral, or transfer of women with complex pelvic floor disorders, adverse responses to treatment, or comorbidities.	
Monitor own practice outcomes to improve practice.	
Participate in patient-safety tracking/quality improvement projects and systems Analysis.	
Incorporate cost awareness into clinical decision-making (formulary and generic drugs, tailored diagnostic tests).	